
Appendix B: BRFSS Questionnaire

Section 1: Health Status

- 1.1 Would you say that in general your health is—
- a. Excellent
 - b. Very good
 - c. Good
 - d. Fair
 - e. Poor
- Don't know / Not sure
Refused

Section 2: Healthy Days — Health-Related Quality of Life

- 2.1 Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
- Number of days
None
Don't know / Not sure
Refused
- 2.2 Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
- Number of days
None [If Q2.1 and Q2.2 = "None", go to next section]
Don't know / Not sure
Refused
- 2.3 During the past 30 days, for about how many days did poor physical or mental health keep you from doing your usual activities, such as self-care, work, or recreation?
- Number of days
None
Don't know / Not sure
Refused

Section 3: Health Care Access

- 3.1 Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- a. Yes
 - b. No
- Don't know / Not sure
Refused

- 3.2 Do you have one person you think of as your personal doctor or health care provider? (*If “No,” ask: “Is there more than one, or is there no person who you think of as your personal doctor or health care provider?”*)
- a. Yes, only one
 - b. More than one
 - c. No
- Don't know / Not sure
Refused
- 3.3 Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?
- a. Yes
 - b. No
- Don't know / Not sure
Refused
- 3.4 About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.
- a. Within past year (anytime less than 12 months ago)
 - b. Within past 2 years (1 year but less than 2 years ago)
 - c. Within past 5 years (2 years but less than 5 years ago)
 - d. 5 or more years ago
- Don't know / Not sure
Never
Refused

Section 4: Exercise

- 4.1 During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?
- a. Yes
 - b. No
- Don't know / Not sure
Refused

Section 5: Diabetes

- 5.1 Have you ever been told by a doctor that you have diabetes? (*If “Yes” and respondent is female, ask: “Was this only when you were pregnant?” If respondent says pre-diabetes or borderline diabetes, use response code d.*)
- a. Yes
 - b. Yes, but female told only during pregnancy
 - c. No
 - d. No, pre-diabetes or borderline diabetes
- Don't know / Not sure
Refused

Section 6: Hypertension Awareness

- 6.1 Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure? (*If “Yes” and respondent is female, ask: “Was this only when you were pregnant?”*)
- a. Yes
 - b. Yes, but female told only during pregnancy [Go to next section]
 - c. No [Go to next section]
 - d. Told borderline high or pre-hypertensive [Go to next section]
 - Don't know / Not sure [Go to next section]
 - Refused [Go to next section]
- 6.2 Are you currently taking medicine for your high blood pressure?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

Section 7: Cholesterol Awareness

- 7.1 Blood cholesterol is a fatty substance found in the blood. Have you EVER had your blood cholesterol checked?
- a. Yes
 - b. No [Go to next section]
 - Don't know / Not sure [Go to next section]
 - Refused [Go to next section]
- 7.2 About how long has it been since you last had your blood cholesterol checked?
- Read only if necessary:***
- a. Within the past year (anytime less than 12 months ago)
 - b. Within the past 2 years (1 year but less than 2 years ago)
 - c. Within the past 5 years (2 years but less than 5 years ago)
 - d. 5 or more years ago
- Do not read:***
- Don't know / Not sure
 - Refused
- 7.3 Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

Section 8: Cardiovascular Disease Prevalence

Now I would like to ask you some questions about cardiovascular disease.

Has a doctor, nurse, or other health professional EVER told you that you had any of the following? For each, tell me “Yes”, “No”, or you’re “Not sure.”

- 8.1 (Ever told) you had a heart attack, also called a myocardial infarction?
a. Yes
b. No
Don’t know / Not sure
Refused
- 8.2 (Ever told) you had angina or coronary heart disease?
a. Yes
b. No
Don’t know / Not sure
Refused
- 8.3 (Ever told) you had a stroke?
a. Yes
b. No
Don’t know / Not sure
Refused

Section 9: Asthma

- 9.1 Have you ever been told by a doctor, nurse, or other health professional that you had asthma?
a. Yes
b. No [Go to next section]
Don’t know / Not sure [Go to next section]
Refused [Go to next section]
- 9.2 Do you still have asthma?
a. Yes
b. No
Don’t know / Not sure
Refused

Section 10: Immunization

- 10.1 A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?
a. Yes
b. No
Don’t know / Not sure
Refused

- 10.2 During the past 12 months, have you had a flu vaccine that was sprayed in your nose? The flu vaccine sprayed in the nose is also called FluMist™.
- a. Yes
 - b. No
- Don't know / Not sure
Refused
- 10.3 A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?
- a. Yes
 - b. No
- Don't know / Not sure
Refused
- 10.4 Have you EVER received the hepatitis B vaccine? The hepatitis B vaccine is completed after the third shot is given. (**Response is "Yes" only if respondent has received the entire series of three shots.**)
- a. Yes
 - b. No
- Don't know / Not sure
Refused

The next question is about behaviors related to Hepatitis B.

- 10.5 Please tell me if ANY of these statements is true for YOU. Do NOT tell me WHICH statement or statements are true for you, just if ANY of them are:
- You have hemophilia and have received clotting factor concentrate
You have had sex with a man who has had sex with other men, even just one time
You have taken street drugs by needle, even just one time
You traded sex for money or drugs, even just one time
You have tested positive for HIV
You have had sex (even just one time) with someone who would answer "yes" to any of these statements
You had more than two sex partners in the past year
- Are any of these statements true for you?
- a. Yes, at least one statement is true
 - b. No, none of these statements is true
- Don't know / Not sure
Refused

Section 11: Tobacco Use

- 11.1 Have you smoked at least 100 cigarettes in your entire life?
(NOTE: 5 packs = 100 cigarettes)
- a. Yes
 - b. No [Go to next section]
 - Don't know / Not sure [Go to next section]
 - Refused [Go to next section]
- 11.2 Do you now smoke cigarettes every day, some days, or not at all?
- a. Every day
 - b. Some days
 - c. Not at all [Go to next section]
 - Don't know/Not sure [Go to next section]
 - Refused [Go to next section]
- 11.3 During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

Section 12: Demographics

- 12.1 What is your age?
__ __ Code age in years
Don't know / Not sure
Refused
- 12.2 Are you Hispanic or Latino?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
- 12.3 Which one or more of the following would you say is your race?
(Check all that apply)
- a. White
 - b. Black or African American
 - c. Asian
 - d. Native Hawaiian or Other Pacific Islander
 - e. American Indian or Alaska Native
 - f. Other [specify] _____
- Do not read:**
No additional choices
Don't know / Not sure
Refused

(If more than one response to Q12.3; continue. Otherwise, go to Q12.5.)

- 12.4 Which one of these groups would you say best represents your race?
- a. White
 - b. Black or African American
 - c. Asian
 - d. Native Hawaiian or Other Pacific Islander
 - e. American Indian or Alaska Native
- Or
- f. Other [specify] _____
- Do not read:***
Don't know / Not sure
Refused
- 12.5 Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War.
- a. Yes
 - b. No
- Don't know / Not sure
Refused
- 12.6 Are you...?
- Please read:***
- a. Married
 - b. Divorced
 - c. Widowed
 - d. Separated
 - e. Never married
- Or
- f. A member of an unmarried couple
- Do not read:***
Refused
- 12.7 How many children less than 18 years of age live in your household?
- __ Number of children
- None
Refused
- 12.8 What is the highest grade or year of school you completed?
- Read only if necessary:***
- a. Never attended school or only attended kindergarten
 - b. Grades 1 through 8 (Elementary)
 - c. Grades 9 through 11 (Some high school)
 - d. Grade 12 or GED (High school graduate)
 - e. College 1 year to 3 years (Some college or technical school)
 - f. College 4 years or more (College graduate)
- Do not read:***
Refused

- 12.9 Are you currently...?
- a. Employed for wages
 - b. Self-employed
 - c. Out of work for more than 1 year
 - d. Out of work for less than 1 year
 - e. A Homemaker
 - f. A Student
 - g. Retired
 - Or
 - h. Unable to work
- Do not read:**
Refused
- 12.10 Is your annual household income from all sources—
If respondent refuses at ANY income level, code Refused)
- a. Less than \$25,000? (*If “no,” ask e; if “yes,” ask b*)
(\$20,000 to less than \$25,000)
 - b. Less than \$20,000? (*If “no,” code a; if “yes,” ask c*)
(\$15,000 to less than \$20,000)
 - c. Less than \$15,000? (*If “no,” code b ; if “yes,” ask d*)
(\$10,000 to less than \$15,000)
 - d. Less than \$10,000? (*If “no,” code c*)
 - e. Less than \$35,000? (*If “no,” ask f*)
(\$25,000 to less than \$35,000)
 - f. Less than \$50,000? (*If “no,” ask g*)
(\$35,000 to less than \$50,000)
 - g. Less than \$75,000? (*If “no,” code h*)
(\$50,000 to less than \$75,000)
 - h. \$75,000 or more?
- Do not read:**
Don’t know / Not sure
Refused
- 12.11 About how much do you weigh without shoes?
(*Note: If respondent answers in metrics, put Refused in column 122.*)
(*Round fractions up*)
- _____ Weight
(pounds/kilograms)
Don’t know / Not sure
Refused
- 12.12 About how tall are you without shoes?
(*Note: If respondent answers in metrics, put Refused in column 126.*)
(*Round fractions down*)
- __ / __ Height
(ft / inches/meters/centimeters)
Don’t know / Not sure
Refused

If 12.11 is “Don’t Know/Not Sure” or “Refused” skip Q12.13 and Q12.14.

- 12.13 How much did you weigh a year ago? *[If you were pregnant a year ago, how much did you weigh before your pregnancy?]*
(Note: If respondent answers in metrics, put “Refused” in column 130.)
(Round fractions up)
 — — — — Weight
 (pounds/kilograms)
Don’t know / Not sure
Refused

Subtract weight one year ago from current weight. If weight is same, skip Q12.14.

- 12.14 Was the change between your current weight and your weight a year ago intentional?
a. Yes
b. No
Don’t know / Not sure
Refused
- 12.15 What county do you live in?
 — — — FIPS county code
Don’t know / Not sure
Refused
- 12.16 What is your ZIP Code where you live?
 — — — — — ZIP Code
Don’t know / Not sure
Refused
- 12.17 Do you have more than one telephone number in your household? Do not include cell phones or numbers that are only used by a computer or fax machine.
a. Yes
b. No [Go to Q12.19]
Don’t know / Not sure [Go to Q12.19]
Refused [Go to Q12.19]
- 12.18 How many of these telephone numbers are residential numbers?
 — Residential telephone numbers [6 = 6 or more]
Don’t know / Not sure
Refused
- 12.19 During the past 12 months, has your household been without telephone service for 1 week or more? Do not include interruptions of telephone service because of weather or natural disasters.
a. Yes
b. No
Don’t know / Not sure
Refused

- 12.20 (Indicate sex of respondent. Ask only if necessary.)
a. Male [Go to next section]
b. Female [If respondent is 45 years old or older, go to next section]

- 12.21 To your knowledge, are you now pregnant?
a. Yes
b. No
Don't know / Not sure
Refused

Section 13: Alcohol Consumption

- 13.1 During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
a. Yes
b. No [Go to next section]
Don't know / Not sure [Go to next section]
Refused [Go to next section]
- 13.2 During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage?
a. _ _ _ Days per week
b. _ _ _ Days in past 30 days
No drinks in past 30 days [Go to next section]
Don't know / Not sure
Refused
- 13.3 One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or a drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?
_ _ Number of drinks
Don't know / Not sure
Refused
- 13.4 Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [X = 5 for men, X = 4 for women] or more drinks on an occasion?
_ _ Number of times
None
Don't know / Not sure
Refused
- 13.5 During the past 30 days, what is the largest number of drinks you had on any occasion?
_ _ Number of drinks
Don't know / Not sure
Refused

Section 14: Disability

The following questions are about health problems or impairments you may have.

- 14.1 Are you limited in any way in any activities because of physical, mental, or emotional problems?
- a. Yes
 - b. No
 - Don't know / Not Sure
 - Refused
- 14.2 Do you now have any health problem that requires you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone? Include occasional use or use in certain circumstances.
- a. Yes
 - b. No
 - Don't know / Not Sure
 - Refused

Section 15: Arthritis Burden

The next questions refer to the joints in your body. Please do NOT include the back or neck.

- 15.1 During the past 30 days, have you had symptoms of pain, aching, or stiffness in or around a joint?
- a. Yes
 - b. No [Go to Q15.4]
 - Don't know / Not sure [Go to Q15.4]
 - Refused [Go to Q15.4]
- 15.2 Did your joint symptoms first begin more than 3 months ago?
- a. Yes
 - b. No [Go to Q15.4]
 - Don't know / Not sure [Go to Q15.4]
 - Refused [Go to Q15.4]
- 15.3 Have you ever seen a doctor or other health professional for these joint symptoms?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused
- 15.4 Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
- a. Yes
 - b. No
 - Don't know / Not sure
 - Refused

INTERVIEWER NOTE: Arthritis diagnoses include:

- rheumatism, polymyalgia rheumatica
- osteoarthritis (not osteoporosis)
- tendonitis, bursitis, bunion, tennis elbow
- carpal tunnel syndrome, tarsal tunnel syndrome
- joint infection, Reiter's syndrome
- ankylosing spondylitis; spondylosis
- rotator cuff syndrome
- connective tissue disease, scleroderma, polymyositis, Raynaud's syndrome
- vasculitis (giant cell arteritis, Henoch-Schonlein purpura, Wegener's granulomatosis, polyarteritis nodosa)

If either Q15.2 = a. (Yes) or Q.15.4 = a. (Yes); continue. Otherwise, go to next section.

- 15.5 Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?
- a. Yes
- b. No
- Don't know / Not sure
- Refused

Section 16: Fruits and Vegetables

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month, and so forth. Remember, I am only interested in the foods you eat. Include all foods *you* eat, both at home and away from home.

- 16.1 How often do you drink fruit juices such as orange, grapefruit, or tomato?
- a. __ Per day
- b. __ Per week
- c. __ Per month
- d. __ Per year
- Never
- Don't know / Not sure
- Refused
- 16.2 Not counting juice, how often do you eat fruit?
- a. __ Per day
- b. __ Per week
- c. __ Per month
- d. __ Per year
- Never
- Don't know / Not sure
- Refused

- 16.3 How often do you eat green salad?
a. __ Per day
b. __ Per week
c. __ Per month
d. __ Per year
Never
Don't know / Not sure
Refused
- 16.4 How often do you eat potatoes not including French fries, fried potatoes, or potato chips?
a. __ Per day
b. __ Per week
c. __ Per month
d. __ Per year
Never
Don't know / Not sure
Refused
- 16.5 How often do you eat carrots?
a. __ Per day
b. __ Per week
c. __ Per month
d. __ Per year
Never
Don't know / Not sure
Refused
- 16.6 Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat? (Example: A serving of vegetables at both lunch and dinner would be two servings.)
a. __ Per day
b. __ Per week
c. __ Per month
d. __ Per year
Never
Don't know / Not sure
Refused

Section 17: Physical Activity

If Q12.9 = a. (employed for wages) or b. (self-employed) then continue. Otherwise, Go to Q17.2.

17.1 When you are at work, which of the following best describes what you do?
Would you say— *(If respondent has multiple jobs, include all jobs.)*

Please read:

- a. Mostly sitting or standing
- b. Mostly walking
- c. Mostly heavy labor or physically demanding work

Do not read:

Don't know / Not sure

Refused

We are interested in two types of physical activity - vigorous and moderate. Vigorous activities cause large increases in breathing or heart rate while moderate activities cause small increases in breathing or heart rate.

17.2 Now, thinking about the moderate activities you do [fill in "when you are not working" if "employed" or self-employed"] in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

- a. Yes
- b. No [Go to Q17.5]
- Don't know / Not sure [Go to Q17.5]
- Refused [Go to Q17.5]

17.3 How many days per week do you do these moderate activities for at least 10 minutes at a time?

__ Days per week

Do not do any moderate physical activity for at least 10 minutes at a time [Go to Q17.5]

Don't know / Not sure [Go to Q17.5]

Refused [Go to Q17.5]

17.4 On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

_:__ Hours and minutes per day

Don't know / Not sure

Refused

- 17.5 Now, thinking about the vigorous activities you do [fill in “when you are not working” if “employed” or “self-employed”] in a usual week, do you do vigorous activities for at least 10 minutes at a time, such as running, aerobics, heavy yard work, or anything else that causes large increases in breathing or heart rate?
- a. Yes
 - b. No [Go to next section]
 - Don’t know / Not sure [Go to next section]
 - Refused [Go to next section]
- 17.6 How many days per week do you do these vigorous activities for at least 10 minutes at a time?
- — Days per week
- Do not do any vigorous physical activity for at least 10 minutes at a time [Go to next section]
- Don’t know / Not sure [Go to next section]
 - Refused [Go to next section]
- 17.7 On days when you do vigorous activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?
- _: _ Hours and minutes per day
- Don’t know / Not sure
 - Refused

Section 18: HIV/AIDS

(If respondent is 65 years old or older, go to next section.)

The next few questions are about the national health problem of HIV, the virus that causes AIDS. Please remember that your answers are strictly confidential and that you don’t have to answer every question if you do not want to. Although we will ask you about testing, we will not ask you about the results of any test you may have had.

- 18.1 Have you ever been tested for HIV? Do not count tests you may have had as part of a blood donation. Include testing fluid from your mouth.
- a. Yes
 - b. No [Go to next section]
 - Don’t know / Not Sure [Go to next section]
 - Refused [Go to next section]
- 18.2 Not including blood donations, in what month and year was your last HIV test?
- (NOTE: If response is before January 1985, code “Don’t know.”)*
- (If the respondent remembers the year but cannot remember the month, code the first two digits 77 and the last four digits for the year.)*
- __ / ____ Code month and year
- Don’t know / Not sure
 - Refused

- 18.3 Where did you have your last HIV test — at a private doctor or HMO office, at a counseling and testing site, at a hospital, at a clinic, in a jail or prison, at a drug treatment facility, at home, or somewhere else?
- a. Private doctor or HMO office
 - b. Counseling and testing site
 - c. Hospital
 - d. Clinic
 - e. Jail or prison (or other correctional facility)
 - f. Drug treatment facility
 - g. At home
 - h. Somewhere else
- Don't know/Not sure
Refused

(Ask Q.18.4; if Q.18.2 = within last 12 months. Otherwise, go to next section.)

- 18.4 Was it a rapid test where you could get your results within a couple of hours?
- a. Yes
 - b. No
- Don't know / Not sure
Refused

Section 19: Emotional Support and Life Satisfaction

The next two questions are about emotional support and your satisfaction with life.

- 19.1 How often do you get the social and emotional support you need?
(If asked, say “please include support from any source”.)

Please Read:

- a. Always
- b. Usually
- c. Sometimes
- d. Rarely
- e. Never

Do not read:

Don't know / Not sure
Refused

- 19.2 In general, how satisfied are you with your life?

Please Read:

- a. Very satisfied
- b. Satisfied
- c. Dissatisfied
- d. Very dissatisfied

Do not read:

Don't know / Not sure
Refused

Section 20: Gastrointestinal Disease

Now I would like to ask you some questions about diarrhea that you may have experienced and about medical care you sought for your diarrheal illness.

- 20.1 In the past 30 days, did you have diarrhea that began within the 30 day period? Diarrhea is defined as 3 or more loose stools or bowel movements in a 24-hour period.
- a. Yes
 - b. No [Go to Module 1]
 - Don't know / Not sure [Go to Module 1]
 - Refused [Go to Module 1]
- 20.2 Did you visit a doctor, nurse or other health professional for this diarrheal illness?
- (Note: Do not answer "Yes" if you just had telephone contact with a health professional.)*
- a. Yes
 - b. No [Go to Module 1]
 - Don't know / Not sure [Go to Module 1]
 - Refused [Go to Module 1]
- 20.3 When you visited your health care professional, did you provide a stool sample for testing?
- a. Yes
 - b. No [Go to Module 1]
 - Don't know / Not sure [Go to Module 1]
 - Refused [Go to Module 1]

Module 1: Random Child Selection

If Core Q12.7 = "no children under age 18 in the household" or "refused", go to next module.

If Q12.7 = 1, Interviewer please read: "Previously, you indicated there was one child age 17 or younger in your household. I would like to ask you some questions about that child." [Go to Q1]

If Q12.7 is >1 and Q12.7 does not equal "no children under age 18 in the household" or "refused", Interviewer please read: "Previously, you indicated there were [number] children age 17 or younger in your household. Think about those [number] children in order of their birth, from oldest to youngest. The oldest child is the first child and the youngest child is the last."

Please include children with the same birth date, including twins, in the order of their birth.

INSTRUCTION: RANDOMLY SELECT ONE OF THE CHILDREN. This is the "Xth" child.

Please substitute "Xth" child's number in all questions below.

PLEASE READ:

I have some additional questions about one specific child. The child I will be referring to is the "Xth" [please fill in correct number] child in your household. All following questions about children will be about the "Xth" [please fill in] child."

1. What is the birth month and year of the "Xth" child?
- __/_____ Code month and year
- Don't know / Not sure
- Refused

INSTRUCTION: Calculate the child's age in months (CHLDAGE1=0 to 216) and also in years (CHLDAGE2=0 to 17) based on the interview date and the birth month and year using a value of 15 for the birth day. If the selected child is < 12 months old enter the calculated months in CHLDAGE1 and 0 in CHLDAGE2. If the child is \geq 12 months enter the calculated months in CHLDAGE1 and set CHLDAGE2=Truncate (CHLDAGE1/12).

2. Is the child a boy or a girl?
a. Boy
b. Girl
Refused
3. Is the child Hispanic or Latino?
a. Yes
b. No
Don't know / Not sure
Refused
4. Which one or more of the following would you say is the race of the child?
[Check all that apply]
Please read:
a. White
b. Black or African American
c. Asian
d. Native Hawaiian or Other Pacific Islander
e. American Indian, Alaska Native
Or
f. Other [specify] _____
Do not read:
No additional choices
Don't know / Not sure
Refused

If more than one response to Q4, continue. Otherwise, go to Q6.

5. Which one of these groups would you say best represents the child's race?
a. White
b. Black or African American
c. Asian
d. Native Hawaiian or Other Pacific Islander
e. American Indian, Alaska Native
f. Other
Don't know / Not sure
Refused

6. How are you related to the child?

Please read:

- a. Parent (include biologic, step, or adoptive parent)
- b. Grandparent
- c. Foster parent or guardian
- d. Sibling (include biologic, step, and adoptive sibling)
- e. Other relative
- f. Not related in any way

Do not read:

Don't know / Not sure
Refused

Module 3: Diabetes

To be asked following Q5.1; if response is "Yes"

1. How old were you when you were told you have diabetes?

_ _ Code age in years [97 = 97 and older]

Don't know / Not sure

Refused

2. Are you now taking insulin?

a. Yes

b. No

Refused

3. Are you now taking diabetes pills?

a. Yes

b. No

Don't know / Not sure

Refused

4. About how often do you check your blood for glucose or sugar? Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.

a. _ _ Times per day

b. _ _ Times per week

c. _ _ Times per month

d. _ _ Times per year

Never

Don't know / Not sure

Refused

5. About how often do you check your feet for any sores or irritations?
Include times when checked by a family member or friend, but do NOT include times when checked by a health professional.
a. _ _ Times per day
b. _ _ Times per week
c. _ _ Times per month
d. _ _ Times per year
No feet
Never
Don't know / Not sure
Refused
6. Have you ever had any sores or irritations on your feet that took more than four weeks to heal?
a. Yes
b. No
Don't know / Not sure
Refused
7. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?
_ _ Number of times [76 = 76 or more]
None
Don't know / Not sure
Refused
8. A test for "A one C" measures the average level of blood sugar over the past three months. About how many times in the past 12 months has a doctor, nurse, or other health professional checked you for "A one C"?
_ _ Number of times [76 = 76 or more]
None
Never heard of "A one C" test
Don't know / Not sure
Refused

If Q5 = (No feet), go to Q10.

9. About how many times in the past 12 months has a health professional checked your feet for any sores or irritations?
_ _ Number of times [76 = 76 or more]
None
Don't know / Not sure
Refused

10. When was the last time you had an eye exam in which the pupils were dilated?
This would have made you temporarily sensitive to bright light.

Read only if necessary:

- a. Within the past month (anytime less than 1 month ago)
- b. Within the past year (1 month but less than 12 months ago)
- c. Within the past 2 years (1 year but less than 2 years ago)
- d. 2 or more years ago

Do not read:

Don't know / Not sure

Never

Refused

11. Has a doctor ever told you that diabetes has affected your eyes or that you had retinopathy?

- a. Yes
- b. No

Don't know / Not sure

Refused

12. Have you ever taken a course or class in how to manage your diabetes yourself?

- a. Yes
- b. No

Don't know / Not sure

Refused

SOUTH DAKOTA'S 2007 STATE-ADDED QUESTIONS

HEALTH CARE COVERAGE

If "a" to Q. 3.1 in Section 3, continue. Otherwise go to Q. S2.

- S1. Earlier you were asked some questions about your health care coverage. We'd now like to ask you what type of health care coverage you use to pay for most of your medical care? Is it coverage through:
- a. Your employer
 - b. Someone else's employer
 - c. A plan that you or someone else buys on your own
 - d. Medicare
 - e. Medicaid or Medical Assistance
 - f. The military, CHAMPUS, TriCare, or the VA
 - g. The Indian Health Service
 - h. Some other source
- None
Don't know/Not sure
Refused

Go to Q. S3.

If "b" to Q. 3.1 in Section 3, continue. Otherwise go to Q. S3.

- S2. Earlier you indicated that you did not have any type of health care coverage, but there are some types of coverage you may not have considered. Please tell me if you have any of the following:
- Coverage through:**
- a. Your employer
 - b. Someone else's employer
 - c. A plan that you or someone else buys on your own
 - d. Medicare
 - e. Medicaid or Medical Assistance
 - f. The military, CHAMPUS, TriCare, or the VA
 - g. The Indian Health Service
 - h. Some other source
- None
Don't know/Not sure
Refused

TOBACCO USE

- S3. Do you use chewing tobacco or snuff every day, some days, or not at all?
- a. Every day
 - b. Some days
 - c. Not at all
- Don't know / Not sure
Refused

If “a” to Q. 3.4 in Section 3, go to Q. S5. Otherwise, continue.

- S4. In the past 12 months, have you seen a doctor, nurse or other health professional to get any kind of care for yourself?
- a. Yes
 - b. No
- Don't Know/Not Sure
Refused
- Go to Q. S6
Go to Q. S6
Go to Q. S6**

If (“a” or “b” to Q. 11.2 in Section 11) or (“a” or “b” to Q. S3), continue. Otherwise, go to Q. S6.

- S5. In the past 12 months, has a doctor, nurse, or other health professional advised you to (quit smoking or stop using spit tobacco)?
- a. Yes
 - b. No
- Don't Know/Not Sure
Refused

SECONDHAND SMOKE

If “a” or “b” to Q. 12.9 in Section 12, continue. Otherwise, go to Q. S8.

- S6. While working at your job, are you indoors most of the time?
- a. Yes
 - b. No
- Don't Know/Not Sure
Refused
- Go to Q. S8
Go to Q. S8
Go to Q. S8**

- S7. Which of the following best describes your place of work's official smoking policy for work areas?

Please read:

- a. Not allowed in any work areas
- b. Allowed in some work areas
- c. Allowed in all work areas

Or

- d. No official policy
- Don't know/Not sure
Refused

- S8. Do you think that breathing smoke from other people's cigarettes causes any of the following:
- a. Lung cancer?
 - 1. Yes
 - 2. No
 - Don't Know/Not Sure
 - Refused
 - b. Heart disease?
 - 1. Yes
 - 2. No
 - Don't Know/Not Sure
 - Refused
 - c. Colon cancer?
 - 1. Yes
 - 2. No
 - Don't Know/Not Sure
 - Refused
 - d. Health problems in children?
 - 1. Yes
 - 2. No
 - Don't Know/Not Sure
 - Refused
 - e. Sudden infant death syndrome?
 - 1. Yes
 - 2. No
 - Don't Know/Not Sure
 - Refused

WOMEN'S HEALTH

If respondent is female, continue. Otherwise, go to Q. S10.

- S9. Are you aware that cervical cancer is caused by Human Papiloma Virus also known as HPV?
- a. Yes
 - b. No
 - Don't Know/Not Sure
 - Refused

DIABETES

If “c” to Q. 5.1 in Section 5, continue. Otherwise, go to Q. S11.

S10. Have you had a test for high blood sugar or diabetes within the past three years?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

SKIN CANCER

S11. When you are outside for more than one hour on a sunny day, how often do you wear sun block or sunscreen with an SPF of 15 or higher?

Please Read:

- a. Always
- b. Nearly Always
- c. Sometimes
- d. Seldom
- e. Never
- f. Don't stay out for more than an hour
- Don't Know/Not Sure
- Refused

S12. Have you used a tanning bed in the past 12 months?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

TELEVISION VIEWING

S13. On an average week day, how many hours do you watch TV?

- a. Do not watch TV on an average week day
- b. Less than 1 hour per day
- c. 1 hour per day
- d. 2 hours per day
- e. 3 hours per day
- f. 4 or more hours per day
- Don't know/Not sure
- Refused

WEIGHT CONTROL

If “a” to Q. S4 or “a” to Q. 3.4 in Section 3 continue. Otherwise, go to Q. S15.

S14. In the past 12 months, has a doctor, nurse or other health professional given you advice about your weight?

If “Yes”, probe for which:

- a. Yes, lose weight
- b. Yes, gain weight
- c. Yes, maintain weight
- d. No
- Don’t know/Not sure
- Refused

CHILDREN’S HEALTH INSURANCE

If the total number of children (ages 0-17) is equal to or greater than 1 according to Q. 12.7, continue. Otherwise, go to Q. S52.

I’m now going to ask you some more questions about the child in the household that we talked about earlier.

S15. Does this child have health coverage?

- a. Yes
- b. No **Go to Q. S17**
- Don’t Know/Not Sure **Go to Q. S25**
- Refused **Go to Q. S25**

S16. What type of health coverage do you use to pay for most of this child's medical care? Is it coverage through: Your employer; Someone else's employer; A plan that you or someone else buys on your own; Medicare; Medicaid, CHIP, or Medical Assistance; The military, CHAMPUS, TriCare or the VA; The Indian Health Service; Community Health Services; or Some other source?

Enter the coverage code:

- a. Your employer
- b. Someone else's employer
- c. A plan that you or someone else buys on your own
- d. Medicare
- e. Medicaid, CHIP, or Medical Assistance
- f. The military, CHAMPUS, TriCare, or the VA
- g. The Indian Health Service (IHS)
- h. Community Health Services
- i. Some other source
- None
- Don't know/Not sure
- Refused

If “e” to Q. S16 go to Q. S24, otherwise go to Q. S25.

S17. There are some types of coverage you may not have considered, please tell me if this child is covered by any of the following. Coverage through: Your employer; Someone else's employer; A plan that you or someone else buys on your own; Medicare; Medicaid, CHIP, or Medical Assistance; The military, CHAMPUS, TriCare or the VA; The Indian Health Service; Community Health Services; or Some other source?

Enter the coverage code:

- | | | |
|----|--|---------------------|
| a. | Your employer | Go to Q. S25 |
| b. | Someone else's employer | Go to Q. S25 |
| c. | A plan that you or someone else buys on your own | Go to Q. S25 |
| d. | Medicare | Go to Q. S25 |
| e. | Medicaid, CHIP, or Medical Assistance | Go to Q. S24 |
| f. | The military, CHAMPUS, TriCare, or the VA | Go to Q. S25 |
| g. | The Indian Health Service | Go to Q. S25 |
| h. | Community Health Services | Go to Q. S25 |
| i. | Some other source | Go to Q. S25 |
| | None | |
| | Don't know/Not sure | Go to Q. S25 |
| | Refused | Go to Q. S25 |

S18. Has this child been refused health coverage due to his or her health status?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

S19. Is this child without health coverage because of the loss of someone's employment?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

S20. Is this child without health coverage due to any more of the following?

a. Employer dropped coverage?

- 1. Yes
- 2. No
- Don't know/Not sure
- Refused

b. Cost of premiums?

- 1. Yes
- 2. No
- Don't know/Not sure
- Refused

c. High deductibles?

- 1. Yes
- 2. No
- Don't know/Not sure
- Refused

- d. Don't think it's necessary to have health coverage for this child?
1. Yes
 2. No
- Don't know/Not sure
Refused

S21. Please indicate if any of the following occurred in the last year due to this child's lack of health coverage.

- a. Went without medical care when sick or injured, but probably should have received medical care.
1. Yes
 2. No
- Don't know/Not sure
Refused
- b. Medical care was delayed when the child was sick or injured and probably should have received care sooner.
1. Yes
 2. No
- Don't know/Not sure
Refused

S22. About how long has it been since this child last visited a doctor for a routine checkup or physical examination?

- a. Within the past year (anytime less than 12 months ago)
 - b. Within the past 2 years (1 year but less than 2 years ago)
 - c. Within the past 5 years (2 years but less than 5 years ago)
 - d. 5 or more years ago
- Don't know/Not sure
Never
Refused

S23. Who primarily pays for medical care for this uninsured child?

- a. Parent(s) **(Includes caretaker parent and/or absent parent)**
 - b. Other relative
 - c. County
 - d. Other **(Includes private foundation, charitable organization, provider write-off, etc.)**
- Don't know/Not sure
Refused

Go to Q. S25

- S24. Have you dropped or reduced private health coverage for this child because of the availability of medical assistance programs?
- a. Yes
 - b. No
 - Don't Know/Not Sure
 - Refused

CHILDHOOD DIABETES

- S25. Has this child ever been diagnosed with diabetes by a doctor?
- a. Yes
 - b. No **Go to Q. S27**
 - Don't Know/Not Sure **Go to Q. S27**
 - Refused **Go to Q. S27**

- S26. What is the type of diabetes?
Is it Type 1, Type 2, or both?
- a. Type 1
 - b. Type 2
 - c. Both
 - Don't know/Not sure
 - Refused

CHILDREN'S ORAL HEALTH

If age of child is greater than 0 continue. Otherwise go to Q. S32.

- S27. How long has it been since this child last visited the dentist or a dental clinic?
- a. Within the past year (1 to 12 months ago) **Go to Q. S29**
 - b. Within the past 2 years (1 to 2 years ago)
 - c. Within the past 5 years (2 to 5 years ago)
 - d. 5 or more years ago
 - Don't Know/Not Sure **Go to Q. S29**
 - Never
 - Refused **Go to Q. S29**
- S28. What is the main reason this child has not visited the dentist in the last year?
- a. Fear, apprehension, nervousness, pain, dislike going
 - b. Cost
 - c. Do not have/know a dentist
 - d. Cannot get to the office/clinic (too far away, no transportation, no appointments available)
 - e. No reason to go (no problems, no teeth)
 - f. Other priorities
 - g. Have not thought of it
 - h. Other
 - Don't Know/Not Sure
 - Refused

- S29. Do you have any kind of insurance coverage that pays for some or all of this child's routine dental care, including dental insurance, prepaid plans such as HMOs, or government plans such as Medicare?
- a. Yes
 - b. No
 - Don't Know/Not Sure
 - Refused
- S30. During the past 6 months, did this child have a toothache more than once, when biting or chewing?
- a. Yes
 - b. No
 - Don't know/Not sure
 - Refused

If "Don't Know/Not sure", "Never", or "Refused" to Q. S27, go to Q. S32. Otherwise, continue.

- S31. What was the main reason that this child last visited a dentist?
- a. Went in on own for check-up, examination, or cleaning
 - b. Was called in by the dentist for check-up, examination, or cleaning
 - c. Something was wrong, bothering, or hurting
 - d. Went for treatment of a condition that dentist discovered at earlier check-up or examination
 - e. Other
 - Don't know/Not sure
 - Refused

CHILDREN'S SPECIAL HEALTH CONDITIONS

- S32. Does this child have any special health care needs (other than diabetes) that have lasted or are expected to last 12 months or longer? Special health care needs are conditions that require more than the usual medical care, mental health, or educational services.
- a. Yes **Go to Q. S33**
 - b. No
 - Don't Know/Not Sure
 - Refused

If "a" to Q. S25 go to Q. S34.

If there is more than one child in the household and answer is equal to "b", go to Q. S51. Otherwise, go to Q. S52.

S33. What specific special health care needs does this child have?

_____ (Enter response)

If (“None”, “Don’t Know/Not Sure”, or “Refused” to Q. S17) or (“Don’t Know/Not Sure” or “Refused” to Q. S15), go to Q. S36a. Otherwise, continue.

S34. Do you feel this child has adequate health insurance?

a. Yes **Go to Q. S36a**

b. No

Don’t Know/Not Sure **Go to Q. S36a**

Refused **Go to Q. S36a**

S35. Why not?

a. High Co-pay or Deductible

b. Rider on the Policy

c. Pre-existing Condition

d. Out of Network Providers

e. Services are Excluded:

(Specify Services)_____

f. Other(Specify)_____

Don’t Know/Not Sure

Refused

S36a. Are prescription drugs needed by this child?

(Interviewer: If asked, this includes – Pharmacy)

a. Yes

b. No **Go to Q. 37a**

Don’t Know/Not Sure **Go to Q. 37a**

Refused **Go to Q. 37a**

S36b. How many miles need to be traveled one way in order to obtain these prescription drugs?

____Miles

Don’t Know/Not Sure

Refused

S36c. How many times per year are visits to your pharmacy necessary for these prescription drugs?

____ Enter times per year

Never

Don’t Know/Not Sure

Refused

- S37a. Are therapies needed by this child?
(Interviewer: If asked, this includes - Physical, occupational, or speech)
 a. Yes
 b. No **Go to Q. 38a**
 Don't Know/Not Sure **Go to Q. 38a**
 Refused **Go to Q. 38a**
- S37b. How many miles need to be traveled one way in order to obtain these therapies?
 _ _ _ _ Miles
 Don't Know/Not Sure
 Refused
- S37c. How many times per year are these therapies needed?
 _ _ _ _ Enter times per year
 Never
 Don't Know/Not Sure
 Refused
- S38a. Are routine lab tests needed by this child?
 a. Yes
 b. No **Go to Q. 39a**
 Don't Know/Not Sure **Go to Q. 39a**
 Refused **Go to Q. 39a**
- S38b. How many miles need to be traveled one way in order to obtain these routine lab tests?
 _ _ _ _ Miles
 Don't Know/Not Sure
 Refused
- S38c. How many times per year are these routine lab tests needed?
 _ _ _ _ Enter times per year
 Never
 Don't Know/Not Sure
 Refused
- S39a. Are primary care physician visits needed by this child?
 a. Yes
 b. No **Go to Q. 40a**
 Don't Know/Not Sure **Go to Q. 40a**
 Refused **Go to Q. 40a**

- S39b. How many miles need to be traveled one way in order to obtain these primary care physician visits?
____Miles
Don't Know/Not Sure
Refused
- S39c. How many times per year are these primary care physician visits needed?
____ Enter times per year
Never
Don't Know/Not Sure
Refused
- S40a. Are specialist care physician visits needed by this child?
a. Yes
b. No **Go to Q. 41a**
Don't Know/Not Sure **Go to Q. 41a**
Refused **Go to Q. 41a**
- S40b. How many miles need to be traveled one way in order to obtain these specialist care physician visits?
____Miles
Don't Know/Not Sure
Refused
- S40c. How many times per year are these specialist care physician visits needed?
____ Enter times per year
Never
Don't Know/Not Sure
Refused
- S41a. Is special equipment needed by this child?
a. Yes
b. No
Don't Know/Not Sure
Refused
- S41b. How many miles need to be traveled one way in order to obtain this special equipment?
____Miles
Don't Know/Not Sure
Refused

- S41c. How many times per year is this special equipment needed?
_ _ _ _ Enter times per year
Never
Don't Know/Not Sure
Refused
- S42a. Is counseling needed by this child?
a. Yes
b. No
Don't Know/Not Sure
Refused
- S42b. How many miles need to be traveled one way in order to obtain this counseling?
_ _ _ _ Miles
Don't Know/Not Sure
Refused
- S42c. How many times per year is this counseling needed?
_ _ _ _ Enter times per year
Never
Don't Know/Not Sure
Refused
- S43a. Are any other types of medical treatment or care needed by this child? (Specify)
a. Yes
b. No
Don't Know/Not Sure
Refused
- S43b. How many miles need to be traveled one way in order to obtain this (other type of medical treatment or care)?
_ _ _ _ Miles
Don't Know/Not Sure
Refused
- S43c. How many times per year is this (other medical treatment of care) needed?
_ _ _ _ Enter times per year
Never
Don't Know/Not Sure
Refused

If “a” or “c” to Q. 6 in Module 1, continue. Otherwise go to Q. S46.

S44. Are you satisfied with the involvement you have had with your child’s health care team in making decisions about what care is provided to your child?

- a. Yes **Go to Q. S46**
- b. No **Go to Q. S46**
- Don’t Know/Not Sure **Go to Q. S46**
- Refused **Go to Q. S46**

S45. Why not?

Check all that apply:

- a. Do not understand medical terms
- b. Health care team does not include you
- c. Afraid to ask questions
- d. Didn’t know you could help make decisions
- e. Other (Specify) _____
- Don’t Know/Not Sure
- Refused

S46. Does your child’s primary care doctor work with you to identify and access all the medical and non-medical services needed to help your child and family achieve their goals?

- a. Yes
- b. No
- Don’t Know/Not Sure
- Refused

S47. How would you rate the communication between your child’s primary doctor and other health care providers about your child’s care?

Please read (a-d):

- a. Very Good
- b. Good
- c. Poor
- d. Communication not needed
- Don’t Know/Not Sure
- Refused

S48a. How would you rate the communication between your child’s primary doctor and each of the following:

His/her school?

Please Read (a-d):

- a. Very Good
- b. Good
- c. Poor
- d. Communication not needed
- Don’t Know/Not Sure
- Refused

S48b. His/her early intervention program?

Please Read (a-d):

- a. Very Good
- b. Good
- c. Poor
- d. Communication not needed
- Don't Know/Not Sure
- Refused

S48c. His/her child care provider?

Please Read (a-d):

- a. Very Good
- b. Good
- c. Poor
- d. Communication not needed
- Don't Know/Not Sure
- Refused

S48d. His/her vocational rehabilitation program?

Please Read (a-d):

- a. Very Good
- b. Good
- c. Poor
- d. Communication not needed
- Don't Know/Not Sure
- Refused

S49. Do you feel the community-based services you use are organized and easy to use?
Would you say this is true always, sometimes, or never?

- a. Always
- b. Sometimes
- c. Never
- Don't Know/Not Sure
- Refused

S50. Do you feel the services your child receives have helped them transition to adult health care, work and independence?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

**If the total number of children (ages 0-17) is greater than 1 according to Q. 12.7, continue.
Otherwise, go to S52.**

S51. Do any other children in your household have any special health care needs?

- a. Yes
- b. No
- Don't Know/Not Sure
- Refused

SEXUAL VIOLENCE

Now I'd like to ask you some questions about different types of physical and/or sexual violence or other unwanted sexual experiences. This information will allow us to better understand the problem of violence and unwanted sexual contact and may help others in the future. This is a sensitive topic. Some people may feel uncomfortable with these questions. At the end of this section, I will give you phone numbers for organizations that can provide information and referral for these issues. Please keep in mind that if you are not in a safe place you can ask me to skip any question you do not want to answer.

S52. Are you in a safe place to answer these questions?

- a. Yes
- b. No **[Go to closing statement]**

These questions are about unwanted sexual experiences you may have had.

S53. In the past 12 months, has anyone touched sexual parts of your body after you said or showed that you didn't want them to, or without your consent – for example, being groped or fondled?

- a. Yes
- b. No
- Don't know / Not sure
- Refused

S54. In the past 12 months, has anyone exposed you to unwanted sexual situations that did not involve physical touching? Examples include things like sexual harassment, someone exposing sexual parts of their body to you, being seen by a peeping Tom, or someone making you look at sexual photos or movies?

- a. Yes
- b. No
- Don't know / Not sure
- Refused

We realize that this topic may bring up past experiences that some people may wish to talk about. If you or someone you know would like to talk to a trained counselor, please call **1-800-656-HOPE (4673)**. Would you like me to repeat this number?

Closing Statement:

That is my last question. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.